

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13243

State File No.

LED APR 27 1953

BIRTH NO.		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Boone		b. CITY (If outside corporate limits, write RURAL and give township) Columbia		a. STATE Missouri		b. COUNTY Boone	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Columbia		d. STREET ADDRESS 726 Gentry		e. (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Court House - Circuit Court Room							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
a. (First) ETHEL		b. (Middle) BENNETT		c. (Last) BENNETT		d. (Month) (Day) (Year) April 21, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Jan. 27, 1890	
9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10b. KIND OF BUSINESS OR INDUSTRY -----			
13a. FATHER'S NAME Hiram K. Devier		13b. MOTHER'S MAIDEN NAME Clara Dimwiddle		14. NAME OF HUSBAND OR WIFE G.T. Bennett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl Henry, Ashland, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Occlusion				Immediate	
ANTECEDENT CAUSES		Coronary Sclerosis				years	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS		Hypertension				years	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Columbia Boone Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/21</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Henry H. Sweet</i> Jmd Coroner				23b. ADDRESS 909 University Ave Columbia		23c. DATE SIGNED 4/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-23-53		24c. NAME OF CEMETERY OR CREMATORY Prairie Grove Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri	
DATE REC'D BY LOCAL REG. April 24 1953		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service, Columbia Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbia, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.